**CONDITION 1**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Person No.</th>
</tr>
</thead>
</table>

1. **Name of condition**

Mark "2-wk. ref. pd." box without asking: 1 "2-V." 2 "HS." in C2 as source.

2. **When did --- (condition) first appear?**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Person No.</th>
</tr>
</thead>
</table>

3. **What part of the body is affected?**

Specify

Show the following detail:

* Head: skull, scalp, face
* Back/spine/vertebra: upper, middle, lower
* Side: inner or outer; left, right, or both
* Eye: left, right, or both
* Ear: inner or outer; left, right, or both
* Arm: shoulder, upper, lower or wrist, left, right, or both
* Hand: entire hand or fingers only; left, right, or both
* Leg: hip, upper, knee, lower or ankle; left, right, or both
* Foot: entire foot, arch, or toes only; left, right, or both

Except for eyes, ears, or internal organs, ask 3b if there are any of the following entries in 3b-e:

* Abscess
* Tumor
* Skull, scalp, face

4. **In what manner does --- (condition) now affect ---?**

Specify

--- (condition) first noticed?

<table>
<thead>
<tr>
<th>Condition</th>
<th>Person No.</th>
</tr>
</thead>
</table>

For Stroke, fill remainder of this condition page for the first present effect. Enter in comments C2 and complete a separate condition page for each additional present effect.
### K1
Refer to RD and C2.

6a. During the 12 weeks outlined in red on the calender, did the...condition cause — to cut down on the things — usually done?
- Yes ☐
- No ☐

b. During that period, how many days did...cut down for more than half of the day?
- None ☐

7. During those 2 weeks, how many days did...stay in bed for more than half of the day because of this condition?
- None ☐

Ask if "Was/Was" box marked in C1:

8. During those 2 weeks, how many days did...miss more than half of the day from...business because of this condition?
- None ☐

Ask if age 5-7:

9. During those 2 weeks, how many days did...miss more than half of the day from...because of this condition?
- None ☐

### K2

10. About how many days since (12-month date) 4 years ago, has this condition kept...in bed more than half of the day? (Include days while an overnight patient in a hospital.)
- None ☐

11. Was...ever hospitalized for...condition in 3a?
- Yes ☐

### K3

12a. Does...still have this condition?
- Yes ☐
- No ☐

b. Is this condition completely cured or is it under control?
- Cure ☐
- Other (Specify) ☐

Under control (K4)

- Under control (K4)

- Under control (K4)

- Under control (K4)

### K4

13. Is this (condition in 3b) the result of the same accident you already told me about?
- Yes ☐

- Recnt condition page number where accident questions (if complete).

- No ☐

14. Where did the accident happen?
- At home (residence) ☐
- At home (business premises) ☐
- Street and highway (includes roadway and public sidewalk) ☐
- Farn ☐
- Industrial site (includes small business) ☐
- School (includes premises) ☐
- Place of recreation and sports, except at school ☐
- Other (Specify) ☐

15a. Was...under 18 when the accident happened?
- Yes ☐
- No ☐

b. Was...in the Armed Forces when the accident happened?
- Yes ☐
- No ☐

c. Was...at work or...job or business when the accident happened?
- Yes ☐
- No ☐

16a. Was...a non-motor vehicle involved in the accident in any way?
- Yes ☐
- No ☐

b. Was...more than one vehicle involved?
- Yes ☐
- No ☐

17a. At the time of the accident what part of the body was hurt?
- Part(s) of body ☐

- Kind of injury ☐

- Anything else?

- Enter part of body in same detail as for 5a.

- If multiple present effects, enter in C2 each one that is not the same as 3b or 4a and complete a separate condition page for it.

**Notes:**
- Complete K2 if age 5-7.
- Complete K4 if under 18.